

RFP Questions and Clarifications Memorandum

To: Vendors Responding to RFP Number 3783 for the Mississippi Veterans' Affairs Board (VAB)
From: Craig P. Orgeron, Ph.D.
Date: November 19, 2015
Subject: Responses to Questions Submitted and Clarifications to Specifications
Contact Name: Donna Hamilton
Contact Phone Number: 601-432-8114
Contact E-mail Address: Donna.Hamilton@its.ms.gov

RFP Number 3783 is hereby amended as follows:

1. Section VII Technical Specifications, Item 5.3 is modified as follows:

5.3 Mandatory - The system must be able to interface with the state's health information exchange (HIE), Mississippi Health Information Network (MS-HIN). The Mississippi Health Information Network (MS-HIN) is the statewide health information exchange which allows healthcare providers to share clinical information to improve patient safety and health outcomes. The value of the MS-HIN is created by implementing standards-based interfaces with provider EHRs and consolidating key patient-centric clinical data into a singular record available to participating providers. The Mississippi Health Information Network (MS-HIN) is committed to implementing a secure trusted statewide health information exchange of "protected health information" (PHI) that is consistent with state and federal privacy and security laws. One of the primary responsibilities of MS-HIN is the protection and safeguarding of patient and clinical information. Patient data is protected using MS-HIN Privacy and Security Guidelines:

http://www.ms-hin.ms.gov/hin/MS-HIN.nsf/webpages/privacysecurity_pstext?OpenDocument

<http://www.ms-hin.ms.gov/Sub/Pages/Guidelines.aspx>

2. Section VII Technical Specifications, Item 7.6 is modified as follows:

7.6 The proposed solution must be ~~hosted~~ deployed in a VMWare virtual environment that supports Versions 5.1 and 5.5.

3. Section VII Technical Specifications, Item 7.6 is modified as follows:

- 9.4 As part of the system acceptance testing, the Vendor must assist the VAB in performing a load test to confirm that the ~~hosting facility~~ infrastructure possesses adequate capacity and speed to drive the Electronic Medical Records and Facilities Management System and user base without degradation.

4. Section VII Technical Specifications, Item 10.2.1.2 is modified as follows:

- 10.2.1.2 The proposed solution must have the ability to access the computerized clinical records database fields currently stored in ~~Accu-Care~~ PointClickCare.

5. Section VII Technical Specifications, Exhibit B, Item 33.8 is deleted:

- 33.8 ~~All traffic between VAB and the hosting service must be encrypted with at least a 128 bit SSL connection. With certificates being issued specific to the VAB connection and not to be used by any other entities. (no wildcard certificates)~~

6. Title page, INVITATION is modified as follows:

INVITATION: Sealed proposals, subject to the attached conditions, will be received at this office until December 7, 2015 @ 3:00 p.m. local time for the acquisition of the products/services described below for Mississippi State Veterans' Affairs Board.

7. Title page, third box is modified as follows:

<p style="text-align: center;">PROPOSAL, SUBMITTED IN RESPONSE TO RFP NO. 3783 DUE December 7, 2015 @ 3:00 p.m., ATTENTION: Donna Hamilton</p>

8. Section VII Technical Specifications, Item 3 Project Schedule is amended as follows:

Task	Date
First Advertisement Date for RFP	09/22/15
Second Advertisement Date for RFP	09/29/15
Mandatory Vendor Web Conference	3:00 p.m. Central Time on 10/29/15
Deadline for Vendor's Written Questions	3:00 p.m. Central Time on 11/5/15
Deadline for Questions Answered and Posted to ITS Web Site	11/19/15
Open Proposals	12/02/15 12/07/15

Evaluation of Proposals	12/02/15 12/07/15 – 1/15/16
ITS Board Presentation	2/18/16
Contract Negotiation	1/15/16 – 2/5/16

9. Section VIII Cost Information Submission, Table 2 – Optional Cost, is modified as follows:

Item Description	Quantity/ Frequency	Cost	Extended
Pharmacy Module			
Portable Devices (Exhibit B, Item 8.1)			
Total			

Vendor must include in their proposal a response to each amended requirement as listed above. Vendor must respond using the same terminology as provided in the original requirements.

The following questions were submitted to ITS and are being presented as they were submitted, except to remove any reference to a specific vendor. This information should assist you in formulating your response.

Question 1: On page 33, Item 5.2 one of your mandatory requirements is that each vendor must supply the cost of meeting Meaningful Use certification assistance. Since Long Term Care has never been eligible for Meaningful Use funds under the Affordable Care Act we are curious what you have in mind. This question was also brought up in the mandatory vendor conference with no resolution. Please be as specific as possible since there is no reason to respond to your RFP if your goals and expectations are MU funding that the ACA does not provide.

Response: The goal of this project is the implementation of an Electronic Medical Records and Facilities Management System for VAB's four (4) State Veterans Homes which provide long term care. However, the Vendor must provide a fully loaded change order rate for the roles that would be required to assist VAB with meaningful use certification in the event VAB decides to pursue certification.

Question 2: How many total users will be using the system?

Response: There are 400 total users and 175 concurrent users.

Question 3: What is the total and individual bed count of the facilities?

Response: There are 4 facilities with 150 beds each for a total of 600 beds.

Question 4: Exhibit B, Item 8.7 on page 87 you mention 'various standard reports' and 'various presentation formats'. Could you be more specific about what you expect when you say 'various'?

Response: **Various Standard Reports (e.g. skin, wound, census, medications, infection control, dietary assessments, body audits, quality indicators)**

Question 5: Exhibit B, Item 8.8 on page 87 you want to collect and analyze data from 'various sources'. Can you qualify 'various sources'?

Response: **Various Sources (e.g. medications, body audits, dietary assessments)**

Question 6: Exhibit B, Item 30.3 on page 131 you request compatibility with 'newer' portable devices for data. Can you define 'newer' and what devices you have in mind?

Response: **Laptops, iPads, Kiosks, Tablets, iPhones, Mobile Computer Carts**

Question 7: Exhibit B, Item 30.10 on page 132. You request compatibility with VAB's record strategy. Can you provide specifics on that strategy?

Response: **Data retention is a minimum of 5 years.**

Question 8: Exhibit B, Item 31.6 on page you ask about interfacing with 'intelligently designed batch interfaces'. Will you define 'intelligently designed'?

Response: **The State requires the vendor to have experience in developing interfaces.**

Question 9: Exhibit B, Item 33.11 you state that vendors are required to have a third party perform a security audit prior to moving code to production. Is there a third party auditor VAB will want or is that vendor preference?

Response: **State has no preference.**

Question 10: Section IV, 29 Ownership of Custom Tailored Software
If the software provided to support this RFP is our COTS solution with minor modifications added to support VA requirements, will we be required to provide source code in the license?

Response: **No. The language in Section IV is written to cover many project scenarios. Please refer to Article 6, Software License and Terms, of the Standard Contract in Exhibit A.**

Question 11: Section VII. 3 Procurement Project Schedule
To assist with implementation planning and costing, can you provide the planned go live date?

Response: **The State will work with the awarded vendor to develop a mutually agreeable project plan.**

Question 12: Section VII. 7.1 and 7.8

To generate server sizing, can you provide the number of expected users and devices that will be supported as well as expected user and device concurrency?

Response: Please see the response to Question No. 2.

Question 13: Exhibit B, 1.11 The system must have the ability to use both standard and confidential progress notes categories.
Is the expectation that confidential progress notes are provided a different level of security than standard?

Response: Yes.

Question 14: Exhibit B, 30.1 Lists the required browsers for a browser based UI.
Would a UI deployment of the COTS solution, using Microsoft Terminal Services or Citrix UI waive the browser requirements?
Could the deployment of the COTS solution use a browser as an initial front end entry point for the UI but also use Terminal Services for select portions of the UI?

Response: a) VAB would accept a user interface that utilizes Microsoft Terminal Services and Citrix UI; however, VAB's preference is for a browser-based solution.
b) Yes.

Question 15: Exhibit B, 31.3 The system must support inbound transactions as well as outbound transactions
a) What HL7 message types are needed for the incoming and outgoing transactions?
b) Can the system communicate with external systems outside of the hosting environment chosen by the customer?

Response: a) Vendor's proposed solution must support Patient Administration (ADT), Orders (ORMs), and Results (ORUs). Please see the following website for more information.
<http://www.ms-hin.ms.gov/Sub/Pages/Guidelines.aspx>
b) The solution will be hosted by VAB. Please see Exhibit B, System Interface, for information regarding required interfaces. (i.e. QS1)

Question 16: Exhibit B, 33.8 All traffic between VAB and the hosting service must be encrypted
Will the COTS solution be hosted on premise at the 2 VAB datacenters or will the solution be hosted at the Vendor's data center?
What does the hosting service refer to?

Response: Item 33.8 has been removed from RFP No. 3783. Please see amendment item no. 3 above. The State does not intend for this application to be a hosted solution.

Question 17: Exhibit B, 34.1 Certifications

Since ONC has not released Long Term Care certification standards, how should this question be addressed?

Response: Vendor must comply with standards once released.

Question 18: Does MS VAB want to Self-Host the Electronic Medical Records Software System on MS VAB Servers, or do you want your software to be Cloud Hosted by the Electronic Medical Record (EMR) Software Vendor?

Response: The solution will be hosted by VAB.

Question 19: Page 33:

5. Mandatory Provisions for this RFP

5.2 - Mandatory - The Vendor must, in their training proposal, include the cost for meaningful use certification assistance.

- a) Question: Please define Meaningful Use Certification Assistance.
- b) Question: During the mandatory vendor call, you agreed that since Meaningful Use has not been mandated for Long Term Care yet, therefore nobody knows the scope at this time, that we could answer this question with an hourly rate we would charge for this Certification Assistance. Can you confirm this? Or let us know the information you wish in our answers to this requirement?

Response: See the response to question no. 1 above for both questions.

Question 20: Page 33:

Section 5.3 - Mandatory - The system must be able to interface with the state's health information exchange (HIE), Mississippi Health Information Network (MS-HIN). The Mississippi Health Information Network (MS-HIN) is the statewide health information exchange which allows healthcare providers to share clinical information to improve patient safety and health outcomes. The value of the MS-HIN is created by implementing standards-based interfaces with provider EHRs and consolidating key patient-centric clinical data into a singular record available to participating providers. The Mississippi Health Information Network (MS-HIN) is committed to implementing a secure trusted statewide health information exchange of "protected health information" (PHI) that is consistent with state and federal privacy and security laws. One of the primary responsibilities of MS-HIN is the protection and safeguarding of patient and clinical information. Patient data is protected using MS-HIN Privacy and Security Guidelines:

http://www.ms-hin.ms.gov/hin/MS-HIN.nsf/webpages/privacysecurity_pstext?OpenDocument

- Question: I tried to go to this website to verify that the HIE was using HL7 but it gives a message that the document cannot be found. Please provide a working link.

Response: Please see amendment item number 1 above. The correct link is: <http://www.ms-hin.ms.gov/Sub/Pages/Guidelines.aspx>.

Question 21: Page 35:

7.5 - The proposed solution will be a High Availability Failover solution with duplicated infrastructure at both the **ITS** Eastwood State Data Center and the Veterans Affairs Board Data Center.

7.5.1 - VAB has the following equipment located at the Eastwood Datacenter:

1 Cisco ASA 5512X Firewall

1 Barracuda 310 Web Filter

2 NetApp 3220 Storage SANS

5 Dell PowerEdge R720 Host Servers

- Question: What is meant by that replication criteria (what is the intention).

Response: VAB is replicating between the ITS Data Center and VAB Headquarters every (15) minutes. Application must be hosted at VAB.

Question 22: Page 40:

10.2.3 - VAB currently uses QS/1 NRX to manage its pharmacy data.

10.2.3.1 - VAB has 40 GB of existing data stored in flat files located at the Veterans Affairs Board datacenter. The awarded Vendor will be required to work with VAB to access the data.

- Question: What type of data? Physician's Orders? Prescription information?

Response: Interface between QS1 Pharmacy System, Accounting System and proposed application.

Question 23: Page 40:

10.2.1.2 - The proposed solution must have the ability to access the computerized clinical records database fields currently stored in Accu-Care.

- a) Question: Do you want the new EHR Vendor to convert the data from AccuCare or simply have the ability to look at the data for historical purposes?
- b) Question: Does AccuCare have the ability to export MS VAB data? Can they export the data in a spreadsheet format? Other formats?

Response: a) Please see amendment item no. 2 above, the Accu-Care name should be replaced by PointClickCare. Yes, the Vendor must convert the data from PointClickCare to the proposed solutions.
b) PointClickCare is a SQL Database. An export will be provided in SQL format.

Question 24: Page 41:

10.2.3.2 - The proposed solution must have the ability to access the pharmacy data, including scanned images currently stored in QS/1.

- a) Question: Are the pharmacy data and images stored at the MS VAB datacenter?
- b) Question: What type of images are stored in QS/1?
- c) Question: Are you asking if we can reach into an active pharmacy who is using QS/1 software and access their data and images?

Response: a) **Yes.**
b) **The images are stored as TIFF files.**
c) **Yes.**

Question 25: Page 41:

10.2.3.3.1 - Vendor must discuss in detail the steps required to convert the existing pharmacy records into a format that is capable of being accessed by the proposed solution.

- a) Question: What is the file format or database being used to store the existing pharmacy records?
- b) Question: Are the existing pharmacy records limited to Physician's Orders?

Response: a) **QS1 is a proprietary software system. HL7 can be used to move data into the QS1 application.**
b) **No.**

Question 26: Page 57:

5.1 Seller warrants that all software shall be properly delivered, installed, and integrated for acceptance testing within the scheduling deadlines set forth by Purchaser, as the site is deemed ready for installation. Seller shall provide Purchaser with an installation schedule identifying the date, time, and location within the scheduling deadlines set forth in RFP No. 3789, or as may be agreed to by the parties.

- Question: Where in the RFP are the Purchaser's scheduling deadlines?

Response: **The deadlines will be worked out by the parties involved.**

Question 27: Page 75:

1.4 - The system must have the ability to provide an estimate of cost of services and perform a revenue assessment prior to admission for each patient based on pre-admission information.

- Question: How much detail does MS VAB want with this? Are you looking for room and board only? Are you looking at medications, ancillary services and nursing hours?

Response: **All of the above mentioned.**

Question 28: Page 76:

1.12 - The system must have the ability to generate standard and customizable face sheets on patients, and have the ability to post patient alerts on the face

sheets that can be viewed by staff or send alerts to specified user(s) with a link to the patient face sheet.

- Question: We currently do not send alerts to the facesheet. We do have the ability to send alerts to specific users. Why do you need to have alerts on the facesheet if you're going to go to an electronic record? Our system can have customized facesheets with alerts printed on it but there are much better ways to accomplish this. IS MSVAB Open to our way of accomplishing the same result?

Response: Yes, VAB is open to alternative solutions. The Vendor must fully describe proposed solutions in their proposal response.

Question 29: Page 76:

1.14 - The system must be able to produce date/census driven payer, guarantor, and benefit reports.

- Question: What information is needed for benefit reports? Please provide more detail.

Response: VA benefits, service and non-service connected reports.

Question 30: Page 80:

3.3.2 - The system must be able to interface with the VA's AAC to submit MDS's electronically, and receive various reports including the AAC initial and final validation reports for submitted MDS data.

- Question: How do you get the MDS Files over to your Data Center? Is the process automated or manual? If the process is automated, what type of automated service do you utilize for this process (HL&, Proprietary Interface, etc.)?

Response: A user at each facility uploads a batch file through a program called direct-connect. The process uses a proprietary interface and is partly manual and automated.

Question 31: Page 82:

4.1 - The system must be able to generate a roster of patients in the facility during a certain period and provide variance reporting, i.e., reporting of patient accidents/incidents, based on predetermined characteristics.

- Question: What are the predetermined Characteristics?

Response: The pre-determined characteristics are time periods, units, location, and dates.

Question 32: Page 87:

8.7 - The system must allow users various standard and custom options for reporting point of care documentation information including but not limited to various types of reports, various presentation formats, etc.

- Question: Please provide a list of custom reports requested for Point of Care Documentation.

Response: The State expects the vendor to provide a list of the available reports.

Question 33: Page 93:

13.9 - The Vendor must indicate whether the system allows doctors, nurse practitioners, and other authorized personnel to electronically submit prescriptions.

- Question: Is this question asking if prescriptions are entered into another software system, such as a personal CPOE system used by the physician, if the order can be sent from this third party system to NetSolutions?

Response: Yes.

Question 34: Page 93:

13.11 - The Vendor must indicate whether the system provides one order entry per order. The system must also automatically send orders to the appropriate area based on recipient information in the record.

- a) Question: Please explain the question: "The Vendor must indicate whether the system provides one order entry per order."
- b) Question: Is this an ePrescribing question, sending the order to the appropriate pharmacy: The system must also automatically send orders to the appropriate area based on recipient information in the record.

Response: a) **Pharmacist must enter and complete one drug order per entry.**
b) **The requirement is not specific to ePrescribing but a general requirement for the ability to send records based on specific criteria. If Vendor is proposing a pharmacy module, Vendor must describe whether the proposed system has the ability to route orders based on specified criteria.**

Question 35: Page 93:

13.12 - The Vendor must indicate whether the system provides the ability to validate that all new orders match the eMAR (Electronic Medical Administration Record).

- Question: New orders match the eMAR? Not sure I understand. When new orders are entered in PO, they are added to the eMAR. What are looking for with matching orders to the eMAR?

Response: **The Vendor must indicate whether the system provides the ability to verify data for errors (e.g. entry errors, oversights) and any irregularities in data.**

Question 36: Page 95:

13.21 - The Vendor must indicate whether the system allows various standard and custom print options for eMAR/eTAR (Electronic Treatment Authorization Request).

- Question: Please define what is meant by "Custom Print Options" and provide examples.

Response: **Different print options (e.g. font size, number of lines)**

Question 37: Page 99:

16.5 - The system must allow users with the appropriate permissions to generate Accounts Receivable (A/R) cost reports. The cost report contains provider

information such as facility characteristics, utilization data, cost and charges by cost center, and financial statement data.

- Question: Is this report expected to be one report or various reports to get cost report information which is needed for completing the cost report?

Response: Various reports.

Question 38: Page 100:

16.12 - The system must allow users with the appropriate permissions to generate all reports by facility as well as state.

- Question: Is MS VAB asking for consolidated reporting for all facilities? Or will MS VAB only be utilizing reporting per each facility?

Response: VAB is seeking both consolidated reporting and facility specific reporting.

Question 39: Page 100:

16.13.2 - Patient Checking Account Report.

- Question: Do individual members have separate checking accounts?

Response: One account for all residents identified by their patient ID number within that account.

Question 40: Page 112:

25.31 - The system must have the ability to submit electronic claims to the Veterans Administration, Medicaid, and Medicare as well as transmit electronic bills to private pay resident responsible party.

- Question: What is meant by transmit electronic bills to private pay resident responsible party? Please describe in detail.

Response: System does not have to transmit electronic bills to private pay resident responsible party.

Question 41: Page 125:

27.9 - The system must have the ability to print statements as well as electronically transmit statements.

- Question: How does MS VAB want the statement to be sent electronically? Are you suggesting emailing them? There are some concerns with HIPPA in sending statement via email. Please describe how you wish the statements to be transmitted in a HIPAA secure way.

Response: System does not have to electronically transmit private pay statements.

RFP responses are due December 2, 2015, at 3:00 p.m. (Central Time).

If you have any questions concerning the information above or if we can be of further assistance, please contact Donna Hamilton at 601-432-8114 or via email at Donna.Hamilton@its.ms.gov.

cc: ITS Project File Number 39848